

Instruction for Placement of Ashes – Niche Wall



Cemeteries Act 1986, Cemeteries Local Law

Details of Applicant	
Name of Applicant (Grantee)	
Street Address	
Postal Address	
Contact Number/s	
Email	
Relationship to Deceased	

Details of Deceased			
Full Name of Deceased			
Date of Birth			
Date of Death		Age	
Place of Death			

Niche Wall Details	
Niche Wall Number/s	
Cemetery	

I hereby certify that I am the Applicant for this interment, I have authority for the use of this niche wall compartment, and I have:

- Checked the urn dimensions, they do not exceed **L 19cm, H 8cm, W 11cm.**
- Forward a copy of the cremation certificate to cemeteris@amrshire.wa.gov.au

Signature of Applicant	
Signature of Applicant	
Date	

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